

AD-A094 379

SCHOOL OF AEROSPACE MEDICINE BROOKS AFB TX

F/6 6/19

VECTOCARDIOGRAPHIC RESULTS OF HUMAN EXPOSURES TO +36Z, +56Z, A--ETC(U)

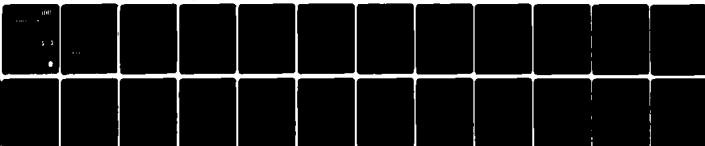
OCT 80 M H LAUGHLIN, J E WHINNERY

UNCLASSIFIED

SAM-TR-80-31

NL

1 of 1
AD-A094 379



END

DATE

FILED

DTIC

50
Report SAM-TR-80-31

② LEVEL II

AD A094379

**VECTOCARDIOGRAPHIC RESULTS OF HUMAN
EXPOSURES TO +3G_z, +5G_z, AND +7G_z**

M. Harold Laughlin, Captain, USAF, BSC
James E. Whinnery, Major, USAF, MC
Donald J. Cosgrove, M.S.
Edward L. Fitzpatrick, B.S.
Harold N. Keiser, M.S.

DTIC
ELECTE
FEB 2 1981
S B D

BBC FILE COPY

October 1980

Final Report for Period August 1975 - December 1979

Approved for public release; distribution unlimited.

USAF SCHOOL OF AEROSPACE MEDICINE
Aerospace Medical Division (AFSC)
Brooks Air Force Base, Texas 78235



81 2 02 105

NOTICES

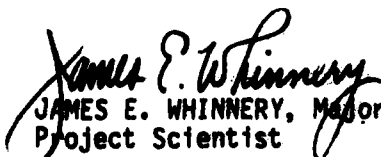
This final report was submitted by personnel of the Biodynamics Branch, Crew Technology Division, USAF School of Aerospace Medicine, Aerospace Medical Division, AFSC, Brooks Air Force Base, Texas, under job order 7930-12-21.


When U.S. Government drawings, specifications, or other data are used for any purpose other than a definitely related Government procurement operation, the Government thereby incurs no responsibility nor any obligation whatsoever; and the fact that the Government may have formulated, furnished, or in any way supplied the said drawings, specifications, or other data is not to be regarded by implication or otherwise, as in any manner licensing the holder or any other person or corporation, or conveying any rights or permission to manufacture, use, or sell any patented invention that may in any way be related thereto.


The voluntary informed consent of the subjects used in this research was obtained in accordance with AFR 80-33.

This report has been reviewed by the Office of Public Affairs (PA) and is releasable to the National Technical Information Service (NTIS). At NTIS, it will be available to the general public, including foreign nations.

This technical report has been reviewed and is approved for publication.


JAMES E. WHINNERY, Major, USAF, MC
Project Scientist


KENT K. GILLINGHAM, M.D., Ph.D.
Supervisor


ROY L. DEHART
Colonel, USAF, MC
Commander

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER (14) SAM-TR-80-31	2. GOVT ACCESSION NO. AD-A094	3. RECIPIENT'S CATALOG NUMBER 379
4. TITLE (and Subtitle) (6) VECTORCARDIOGRAPHIC RESULTS OF HUMAN EXPOSURES TO +3G _z , +5G _z , and +7G _z .		5. TYPE OF REPORT & PERIOD COVERED Final Report Aug 1975 - Dec 1979
7. AUTHOR(s) (10) M. Harold Laughlin, Capt., USAF, BSC; James E. Whinnery, Maj., USAF, MC; Donald J. Cosgrove, M.S.; Edward L. Fitzpatrick, B.S.; and Harold N. Reiser, M.S.		6. PERFORMING ORG. REPORT NUMBER
9. PERFORMING ORGANIZATION NAME AND ADDRESS USAF School of Aerospace Medicine (VNB and BR) Aerospace Medical Division (AFSC) Brooks Air Force Base, Texas 78235		8. CONTRACT OR GRANT NUMBER(s)
11. CONTROLLING OFFICE NAME AND ADDRESS USAF School of Aerospace Medicine (VNB and BR) Aerospace Medical Division (AFSC) Brooks Air Force Base, Texas 78235		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS 62202F 7930-12-21
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		12. REPORT DATE October 1980
		13. NUMBER OF PAGES 23 (12) 261
		15. SECURITY CLASS. (of this report) UNCLASSIFIED
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Vectorcardiogram, heart rate, cardiac pathology, subendocardial hemorrhage, ECG, VCG, gravity, electrocardiogram.		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) Frank orthogonal vectorcardiograms (VCG) were recorded from 10 subjects before, during, and for 15 min after exposures to +3G _z , +5G _z , and +7G _z . The order of acceleration exposure was randomized, with the individual exposures separated by at least one week. Standard USAF anti-G suits were worn by all subjects. Detailed analysis of the scalar lead electrocardiograms revealed no abnormalities and no consistent signs of conduction disturbances or ischemic ST-T segment changes. During +G _z stress, the QRS axis of the VCG demonstrated		

DD FORM 1 JAN 73 1473

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE(When Data Entered)

20. ABSTRACT (Continued)

posterior rotation in the sagittal plane, and counterclockwise rotation in the transverse plane. The changes in the VCGs recorded during +G_z stress appeared to be related to rotational changes of the heart due to mechanical stress and/or motion within the thorax. There were no ECG or VCG changes indicative of myocardial ischemia and/or damage during or after +G_z stress. Comprehensive data obtained in this study are presented here.

Accession For	
NTIS CRA&I	<input checked="checked" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution/	
Availability Codes	
Dist	Avail and/or Special
A	

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE(When Data Entered)

CONTENTS

	<u>Page</u>
INTRODUCTION	3
METHODS	3
Experimental Protocol	4
Data Analysis	4
RESULTS	6
VCG Analysis	6
DISCUSSION	7
Scalar Electrocardiograms	7
Vectorcardiograms	8
REFERENCES	9

Tables

<u>Table No.</u>		
1.	Acceleration exposure schedule	11
2.	Vectorcardiographic variables analyzed	12
3.	Probabilities from comparisons of preacceleration (order) means	13
4.	Preacceleration (order) means and tests against control	14
5.	Probabilities from the analyses of <u>during +G_z</u> data	15
6.	Vector amplitude means (mV) and tests against <u>before +G_z</u>	16
7.	Vector angle (degrees) means and tests against <u>before +G_z</u>	18
8.	The means of scalar leads and tests against <u>before +G_z</u>	20
9.	Durations and heart rates during +G _z	22
10.	The means of rotation vectors	23

VECTORCARDIOGRAPHIC RESULTS OF HUMAN EXPOSURES TO +3G_z, +5G_z, AND +7G_z

INTRODUCTION

The major benefit of the vectorcardiogram (VCG) is that it allows visualization of the electrical forces of the heart in a three-dimensional manner. The VCG also provides a better view of the posterior electrical forces of the heart than does the standard electrocardiogram (ECG), and therefore can be used to make some diagnoses which otherwise might be missed. Thus, interpretation of the ECG can often be enhanced by vectorcardiographic techniques, and vice versa (10, 11). In studies of acceleration stress, VCG analyses are especially valuable because they can give an increased appreciation for the G-induced mechanical displacements of the heart within the thorax.

Several investigations of the effects of +G_z acceleration on human ECGs have been conducted (2, 7, 8, 18). However, few studies have measured human VCGs during +G_z acceleration (1, 9); and no studies have yet investigated the effects of acceleration levels greater than +5G_z. This report presents the results of VCGs recorded from 10 human subjects during and after 45-s exposures to +3G_z, +5G_z, and +7G_z stress.

Since the initial observations of subendocardial hemorrhage and minor cardiomyopathy in miniature swine following exposure to +G_z stress (5, 17), we have been trying to determine if similar lesions might occur in man (3, 4, 13, 14, 16, 19). Although existing data, collected from human subjects exposed to +G_z stress, do not indicate the presence of cardiac pathology (13, 14), nonspecific T-loop changes have been reported in some VCGs recorded after +G_z exposure in humans (14). These T-loop changes have not been consistently observed in various studies. Because the results of these previous studies are contradictory, the overall significance of the apparent G-induced VCG changes is difficult to assess. Therefore, the dual purpose of this study has been to expand the existing "during +G_z VCG" data base to include recordings during +5G_z and +7G_z exposures, and to clarify the effects of acceleration exposure on VCGs in relation to possible +G_z-induced cardiac ischemia and/or damage.

METHODS

VCGs were recorded from 10 male subjects, 19 - 35 years of age--with a mean age of 24.4 years. The subjects were members of the centrifuge stress panel at the USAF School of Aerospace Medicine (USAFSAM) and were, therefore, experienced centrifuge riders. All were healthy asymptomatic individuals, with no history of cardiac disease. They had recently passed a USAF Class III flight physical examination, which included a normal ECG, and normal postanterior (PA) and lateral chest radiographs.

Prior to +G_z stress, the subjects were fitted with a standard USAF CSU-12/P anti-G suit. The pressure within the anti-G suit was controlled with an Alar MS24350-6 standard valve. The subjects were instrumented with silver-silver

chloride "paste-on" skin electrodes. The electrodes were placed in accordance with the method described by Frank (9, 12). The Y-lead of the Frank lead system was placed over the anterior iliac crest to help minimize muscle artifacts during the M-1 or L-1 straining maneuvers. The recording-amplifier system used in these studies was in accordance with the standards of the Committee on Electrocardiography of the American Heart Association (6). The scalar leads (X, Y, and Z) were electrically transferred through the slip rings of the USAFSAM Human Centrifuge, displayed on a Brush Mark 200 direct writing recorder, and recorded on FM magnetic tape for subsequent reproduction and data analysis.

Experimental Protocol

The subjects were placed in the centrifuge in a standard (13° back angle) USAF fighter-aircraft seat. After 15 min of baseline recording, each subject was exposed to a +3G_z, 15-s rapid onset (+1G_z/sec) "warm-up" profile, followed by a short rest period. After heart rate had returned to pre-G-stress levels, the subject was exposed to a rapid onset +G_z profile for 45 s at a level of +3G_z, +5G_z, or +7G_z. Each subject was only exposed to one 45-s +G_z exposure, after the "warm-up" run, on any given day. The order of acceleration exposures (+3G_z, +5G_z, or +7G_z) was randomized (Table 1) and each individual exposure separated by at least one week to minimize any possible cumulative G-stress effect.

The scalar leads were recorded for 15 min: before the +3G_z "warm-up" run; during exposure to the "warm-up" run; immediately before and during the 45-s +3G_z, +5G_z, or +7G_z run; and after the 45-s +G_z profile. During the +G_z exposures, the subjects were instructed to perform whatever straining maneuvers (M-1, L-1) were necessary to maintain peripheral vision.

Data Analysis

All scalar-lead ECG recordings were inspected for dysrhythmias, wave-form changes, and the presence of any abnormalities during and after each +G_z exposure of each subject. Each recording was reviewed by three different investigators.

Vectorcardiographic analyses were performed using computer-assisted digitizing, averaging, measurement, and display techniques which have been discussed in detail previously (15, 20, 21). VCGs were obtained: under resting control conditions (pre-G); during +G_z stress; and at 1, 5, and 15 min after +G_z exposures. The VCGs during +G_z were taken at the 15-s point (early G), and for the last 10-s (late G) of each 45-s +G_z plateau.

The scalar lead ECG data were reproduced from the analog FM magnetic tape digitized at 500 samples/s and were stored on digital magnetic tape for subsequent digital batch processing. The VCG parameters obtained in these studies

EDITOR'S NOTE: For the convenience of the reader, all of the tables (Nos. 1-10) are grouped at the close of this publication.

were taken from an "average beat," which represented the average of 10 selected cardiac cycles taken at the points in time already discussed. Whenever possible, the "average beat" was obtained by averaging 10 successive beats. Graphic displays of each average beat and its respective vector loops were produced to assist in visualizing and evaluating the data. A total of 188 VCG parameters (angles, voltages, durations, slopes, etc.) were also printed-out in digital form (15) and accumulated in a data file for subsequent statistical analysis.

The order of presentation of G was randomized with the acceleration exposure scheme given in Table 1. Each subject underwent three exposures: +3G_z, +5G_z, and +7G_z. For each exposure, VCGs were taken: before acceleration; twice during acceleration (designated "early" and "late" G); and at 1, 5, and 15 min postacceleration. The variables analyzed for this report are given in Table 2. Two of the 10 subjects did not complete the study and were omitted from all analyses. A significance level of 0.05 is used in this report.

A two-factor analysis of variance was performed to compare the preacceleration VCG data, in order to determine whether the subjects had returned to baseline values before another acceleration exposure had taken place. For the purposes of this test, the order of presentation of the various levels of acceleration, rather than the acceleration itself, is of importance; and so the analysis was performed placing each subject before acceleration VCGs in the time order in which the VCGs took place. While this order was being attained, one subject, RR, was exposed to +3G and +7G on the same day. RR's data were therefore omitted from this analysis. Significant differences were found between the order means in several variables. Table 3 gives the significance level for each variable. Where significant differences were found, Dunnet's procedure for comparing treatment means with a control was used to compare the second and third order means with the first order mean. Order one is before the first exposure to acceleration, while orders two and three are before the second and third exposures to acceleration. The results of these tests and the order means are given in Table 4. Of particular interest are the various trends in the order means. For example, the variables J Vector and M Vector, which showed significant differences in several planes, also showed an increase over order in all planes, with some increases being statistically significant. Trends may be due to many factors (for example, learning); however, the mechanisms responsible for these trends are unclear.

A three-factor analysis of variance--using time, G-level, and subjects--was performed to detect differences not only in response during and immediately after G but also in G-level. We expected differences in G-level to show up as such by time interaction in the absence of any order effect, for the preacceleration means would not be different; but the means, during and/or after acceleration, could be different. As might be expected, many indications of time differences were noted which were, for the most part, changes during actual exposure to G. Also many indications were noted of difference in response to G-level, as shown by a significant G-level by time interaction. In some cases (for example, Maximum T-Vector), this change was seen as a reversal at +7G; that is, while +3G and +5G tended to show a decrease in Maximum T Vector, +7G tended to show an increase during acceleration. The probabilities for time, G-level, and G-level by time interaction are given in Table 5. The mean values and the results of Dunnet's test of these values against the preacceleration means are given in Tables 6-10.

RESULTS

Satisfactory scalar recordings were obtained from all 10 subjects. QRS complexes were qRS, qRs, and RS in the X, Y, and Z leads respectively, while T-waves were positive in all three axes. The effects of $+G_z$ on the ECG, as reflected by the scalar leads, are presented in Tables 8 and 9. The $+G_z$ exposure had no significant effect on QRS duration. No consistent electrocardiographic signs of conduction disturbances or ST-T segment changes were observed. The effects of $+G_z$ stress on T-wave and Q-T interval durations varied in accordance with heart-rate changes. The T-wave duration remained prolonged for 15 min after exposure to $+5G_z$, but not after exposure to $+3G_z$ and $+7G_z$. As shown in Table 9, heart rates were increased during all $+G_z$ exposures, thus indicating a relationship between heart rate and $+G_z$ level. Heart rates returned to control values immediately after $+G_z$ stress.

VCG Analysis

Satisfactory VCGs were obtained from all 10 subjects, with the exceptions shown in Table 1. The orientation of the QRS and T vectors is presented in Table 7. The results of the VCG analysis are presented in Tables 6, 7, and 10.

The effects of $+G_z$ on the VCGs in the frontal plane are summarized in Tables 6 and 7. While the changes noted during $+G_z$ in the true QRS angles were greater in magnitude than the maximum QRS angles, only the maximum QRS angle changes during $+7G_z$ were statistically significant (Table 7). The maximum QRS voltage was significantly decreased during $+5G_z$ and $+7G_z$ stress (Table 6). The QRS loops had returned to "normal" 1 min after $+G_z$ exposure. There were small maximum T-vector angle changes during $+G_z$ which were not statistically significant. The maximum T-vector voltages showed significant decreases during $+3G_z$ and $+5G_z$ stress, with slight increases 1 min after $+G_z$ stress. The maximum T-vector showed significant increases during $+7G_z$, with even greater increases 1 min after $+7G_z$ exposure (Table 7). The T and QRS vectors obtained 15 min after $+G_z$ exposure were all identical to the respective baseline recordings.

Exposure to $+5G_z$ and $+7G_z$ stress resulted in decreases in the transverse plane maximum QRS vector angles; however, these angles were not significantly changed (Table 7). The QRS vector voltage was not significantly changed in the transverse plane during or after $+G_z$ exposure (Table 6). Maximum T-vector voltage was significantly decreased in the sagittal plane during early $+G_z$ exposure (Table 6). These voltage changes were not present during late $+G_z$ exposure. Probably due to the large individual variability, there were no consistent or statistically significant changes in the sagittal plane vector angles (Table 7). Although large changes apparently took place in the maximum T-vector angles in the transverse plane, none of these changes were statistically significant. The only QRS-T angle change which was statistically significant was observed during early $+7G_z$ exposure (Table 7). Significant decreases in transverse plane maximum T-vector voltage were observed during early $+3G_z$ and $+5G_z$ stress, while maximum T-vector voltage was significantly increased 1 min postexposure to $+5G_z$ and $+7G_z$ (Table 6).

DISCUSSION

The dual purpose of this study was to expand the existing data base of VCGs recorded during $+G_z$ to include data from $+5G_z$ and $+7G_z$ stress, and to continue investigation into the possibility of $+G_z$ -induced cardiac pathology in man. Analysis of the resulting data revealed no evidence of cardiac pathology. Thus, these results agree with those from previous human studies which have found no evidence of cardiac lesions similar to those noted in miniature swine after $+G_z$ exposure (9, 13, 14, 18).

Scalar Electrocardiograms

Review of all the scalar electrocardiograms in this study revealed no significant abnormalities. Although $+G_z$ stress is dysrhythmogenic, with an increase in dysrhythmias being directly related to increases in the level of $+G_z$ (18), only a single premature ventricular contraction was noted during this entire study. The absence of more frequent and ominous dysrhythmias implies the absence of myocardial ischemia in man during $+G_z$ stress.

In a recent study, VCGs were recorded from conscious miniature swine during and after exposure to $+G_z$ (19). During the immediate postacceleration period, 4 of 6 swine manifested left ventricular ectopic beats. Other observed dysrhythmias included: atrial and junctional ectopic beats, J-point and T-wave alterations, and paroxysmal ventricular tachycardia. Since $+G$ exposure appears to result in more cardiac dysrhythmias in miniature swine than in humans, $+G_z$ exposure may produce more cardiac stress in these animals than in man. We believe that the miniature swine may not be manifesting pathology unique to $+G_z$ stress, but may simply be exhibiting the porcine stress syndrome--as a result of the restraint stress and emotional stress involved in $+G_z$ exposure (16).

The frequent occurrence of left ventricular septal wall involvement in sub-endocardial hemorrhage in miniature swine exposed to $+G_z$ (5, 17) has led to the speculation concerning significant involvement of the cardiac conduction system in the cardiac pathology. One case of a conduction abnormality in a miniature swine during and after $+G_z$ has been reported (5). In our experience with over 100 miniature swine, however, no other manifestation of interventricular conduction disturbances has been seen during $+G_z$ exposure. Also, in the present study of human subjects, no scalar electrocardiographic patterns characteristic of fascicular or bundle branch block were observed. In addition, all conduction measurements (P-R interval, QRS duration, T duration, Q-T interval) varied appropriately with changes in heart rate, with no evidence of prolongation or conduction changes (Table 9).

Electrocardiographic indications of myocardial ischemia usually include ST-segment and T-wave changes. During maximal treadmill exercise stress testing, ST-segment depression is known to be highly associated with the presence of myocardial ischemia. No ST-segment depression or other significant alteration in the ST-segment was noted at any time in the scalar ECGs in this study. In other centrifuge work, the presence of ST-segment depression is very rarely observed, even in the clinical aeromedical population (18). The absence of ST-segment changes during $+G_z$ is consistent with the absence of myocardial

ischemia. Changes in T-wave amplitude are frequently observed during and after $+G_z$ stress in standard ECGs (1, 2, 7 - 9, 18). In this study, T-wave amplitude changes were also seen in the scalar leads, predominantly exhibited as decreased T-wave amplitude during $+G_z$, with increased amplitude and peaked T-waves after $+G_z$ stress. In most cases, the greatest increase in T-wave amplitudes occurred after exposures to higher $+G_z$ levels. The significance of these changes is not completely understood at this time.

Vectorcardiograms

The baseline results of the present study are in good agreement with those of Cohen et al. (9) and are within normal limits (6). Cohen et al. (9) have used the Frank orthogonal lead system to study the effects of $+G_z$ on VCGs during acceleration exposures up to $+3.1G_z$. Exposure of our subjects to $+3G_z$ revealed no effect on QRS vector angles or magnitudes. This finding was somewhat surprising, because Cohen et al. (9) had reported a significant posterior shift of the maximum QRS vector in the transverse and sagittal planes during exposures to similar levels of $+G_z$. This difference in results may be related to the fact that the inflation of the anti-G suit caused a decrease in the inferior-posterior shift of the heart and diaphragm of our subjects during $+G_z$.

Exposure to $+5G_z$ caused posterior shifts in the maximal QRS vectors in both the transverse and sagittal planes. These shifts were slightly larger in magnitude than those reported by Cohen et al. (9) during exposure to $+3.1G_z$; however, the changes were not statistically significant.

The frontal plane maximal QRS vector magnitude was significantly decreased during exposure to $+5G_z$ and $+7G_z$. Although the cause of these changes is not known, they may be related to changes in the size and/or volume of the heart during $+G_z$ exposure (14).

The effects of $+7G_z$ exposure on the maximal QRS vector were quite variable and are therefore not easily interpreted. In the transverse plane, $+7G_z$ exposure resulted in a posterior shift in the maximal QRS vector which was greater than that noted during $+5G_z$ exposures. During the first 15 s of $+7G_z$ exposure, the maximal QRS vector, in the sagittal plane, demonstrated an anterior shift. During the last 10 s of $+7G_z$ exposure, the directional changes in the maximal QRS vectors in the sagittal plane were reversed in relation to the early $+7G_z$ point. While the exact mechanisms involved in these changes are not clear, they may be related to the combination of the $+G_z$ stress, the exhaustive straining maneuvers (M-1 or L-1) necessary for the maintenance of vision, and the resulting high interpleural pressures. In relation to VCG alterations, it is not possible to determine the relative importance of the increased G field vs. the increased anti-G suit pressures and forces of straining involved with $+7G_z$ exposure for extended periods of time (≥ 15 s).

Cohen et al. (9) reported T-vector angle changes in the frontal plane which resulted in a large increase in the QRS-T angle. The reported T-vector shifts were in the superior direction. Similar frontal plane maximal T-vector shifts were seen during the last 10 s of exposure to $+3G_z$, $+5G_z$, and $+7G_z$, with the

magnitude of the shift increasing as $+G_z$ increased (Tables 6 and 7). However, none of the T angle or QRS-T angle changes observed in the frontal plane in the present study were statistically significant.

T-wave inversions were observed in the scalar leads during $+G_z$ exposure in only 2 of the 10 subjects, while the other subjects exhibited decreased T-wave voltages. These T-wave changes are reflected in changes in maximal T-vector magnitudes presented in Table 6. The rapid onset of these changes in the maximal T vector during $+G_z$ exposure and the rapid return to control values after $+G_z$ exposure imply that these T-wave changes are related to the strong sympathetic reflex changes induced by the acceleration stress and/or mechanical changes. Similar conclusions have been reported previously (7 - 9, 18).

Of particular interest is the comparison of the results of this study with the VCG changes reported in earlier studies. Three studies, reviewed by Gillingham and Crump (14), reported changes in the T-loops of VCGs recorded from subjects after $+G_z$ exposures. Two of the studies (Forlini's, and High Acceleration Cockpit program) showed increases in the sagittal-plane T-angles, while the other study (Lightweight Fighter program pilots) demonstrated decreases. Gillingham and Crump (14) concluded that the data available at that time indicated only that $+G_z$ stress resulted in "innocuous variability rather than an ominous consistency of T-loop changes in VCGs recorded following $+G_z$ stress." Although the sagittal plane T-angles in this study were increased 15 min after $+5G_z$ exposure, they were decreased after $+7G_z$ exposure. None of these changes were statistically significant. Thus, our results agree with the picture of inconsistent $+G_z$ -related variations which emerged from the previous VCG studies.

In conclusion, the VCGs recorded during our 45-s exposures of human subjects to $+3G_z$, $+5G_z$, and $+7G_z$ stress demonstrated no changes indicative of myocardial ischemia and/or damage. Detailed review of the scalar ECG leads revealed neither significant abnormalities nor indications of conduction disturbances or ischemic ST-T segment changes. The major VCG alterations observed, during $+G_z$, appeared to be related to rotational changes of the heart due to mechanical stress and/or motion within the thorax. This relationship was exhibited as posterior rotation of the QRS axis in the sagittal plane and counterclockwise rotation of the QRS axis in the transverse plane. All changes in the VCGs and ECGs observed during $+G_z$ stress were gone 15 min after $+G_z$ exposure.

REFERENCES

1. Bondurant, S., and W. A. Finnelly. The spatial vectorcardiogram during acceleration. *Aviat Med* 29:758-672 (1958).
2. Brown, M. R., and J. T. Fitzsimmons. Electrocardiographic changes during positive acceleration. *Br Heart J* 21:21-30 (1959).
3. Burns, J. W., et al. The pathophysiologic response of the miniature swine to repeated exposures of simulated air combat maneuvers (SACM), p. 5. Review of Air Force Sponsored Basic Research in Environmental and Acceleration Physiology, 1978. AFOSR Annual Meeting, Colo. Springs, Colo., 12-13 Sep 1978.
4. Burton, R. R., S. D. Leverett, and E. D. Michaelson. Man at high, sustained $+G_z$ acceleration: A Review. *Aerosp Med* 45:1115-1136 (1974). [Now: *Aviat Space Environ Med*]

REFERENCES (Cont'd.)

5. Burton, R. R., and W. F. MacKenzie. Cardiac pathology associated with high sustained $+G_z$: I. Subendocardial hemorrhage. *Aviat Space Environ Med* 47:711-717 (1967).
6. Chou, T., R. A. Helm, and S. Kaplan. *Clinical vectorcardiography*. New York: Grune and Stratton, 1974.
7. Cohen, G. H., and W. K. Brown. Changes in ECG contour during prolonged $+G_z$ acceleration. *Aerosp Med* 40:874-879 (1969).
8. Cohen, G. H., and W. K. Brown. Electrocardiographic changes during positive acceleration. *J Appl Physiol* 27:858-862 (1969).
9. Cohen, G. H., et al. Analysis of the Frank orthogonal vectorcardiogram during gravitational stress. *Aerosp Med* 41:891-896 (1970).
10. Eliot, R. S., F. S. Everhart, and L. P. Sterns. Loops for the lost. *Arch Intern Med* 120:293-298 (1967).
11. Forker, A. D., H. Starke, and R. S. Eliot. Loop logic: An introduction to vectorcardiography. *Geriatrics* 87-95 (June 1975).
12. Frank, E. An accurate, clinically practical system for spatial vectorcardiography. *Circulation* 13:737-748 (1956).
13. Gillingham, K. K. Absence of high-G stress cardiopathy in a human centrifuge rider. *SAM-TR-78-17*, May 1978.
14. Gillingham, K. K., and P. P. Crump. Changes in clinical cardiologic measurements associated with high $+G_z$ stress. *Aviat Space Environ Med* 47(7):726-733 (1976).
15. Keiser, H. N., et al. VCG measurement and display. *SAM-TR-77-9*, Jul 1977.
16. Laughlin, M. H., W. M. Witt, and W. F. MacKenzie. Use of vectorcardiography for the detection of $+G_z$ -related cardiac pathology in miniature swine. *Aviat Space Environ Med* 49:972-975 (1978).
17. MacKenzie, W. F., R. R. Burton, and W. F. Butcher. Cardiac pathology associated with high sustained $+G_z$: II. Stress and cardiomyopathy. *Aviat Space Environ Med* 47:718-725 (1976).
18. Shubrooks, S. J. Changes in cardiac rhythm during sustained high levels of positive ($+G_z$) acceleration. *Aerosp Med* 43:1200-1206 (1972).
19. Witt, W. M., et al. Vectorcardiographic recordings from adult miniature swine during and immediately after exposure to high, sustained $+G_z$: acute and chronic findings, pp. 51-53. Preprints of Aerospace Medical Association Annual Scientific Meeting, New Orleans, La., 8-11 May 1978.
20. Womble, M. E., et al. USAFSAM ECG/VCG digitizing and averaging system. *SAM-TR-76-31*, Sep 1976.
21. Womble, M. E., et al. A computerized VCG measurement and display system. The 29th Annual Conference on Engineering in Medicine and Biology, Boston, Mass., Nov 1976.

TABLE 1. ACCELERATION EXPOSURE SCHEDULE

Subjects	E x p o s u r e s		
	First	Second	Third
	[+G _z]		
PS	5	7	3
LG ^a	3	5	-
DM	3	5	7
JW	7	3	5
HM	7	5	3
RC	5	3	7
SS	3	7	5
RR ^b	5	3	7
AM	7	3	5
JK ^a	3	7	-

^aSubjects did not complete the study. Although the VCGs and scalar ECGs from these subjects were reviewed, the resulting data were excluded from the statistical analysis.

^bSubject was exposed to +3G_z and +7G_z for 45 s on the same day.

TABLE 2. VECTORCARDIOGRAPHIC VARIABLES ANALYZED

Variables in Frontal, Left Sagittal, Transverse, and Eigenplane	
Maximum T Vector	
Maximum QRS Vector	
T/QRS Vector	
J Vector	
M Vector	
True QRS Angle	
Maximum QRS Angle	
Maximum T Angle	
QRS-T Angle	
Variables from X, Y, and Z Coordinates	
Scalar R Wave	
Scalar T Wave	
Scalar T/R Wave	
Scalar J Junction	
40 msec Slope	
Other Variables	
T Duration	Rotation Vector X
QRS Duration	Rotation Vector Y
QT Duration	Rotation Vector Z
Heart Rate	Rotation Vector Theta

TABLE 3. PROBABILITIES FROM COMPARISONS OF PREACCELERATION (ORDER) MEANS

Variable	Frontal	Sagittal	Transverse	Eigenplane
Max T Vector	a		.031	
T/QRS Vector				
True QRS Angle				
Max QRS Angle				
Max T Angle				
QRS-T Angle				
Max QRS Vector				
J Vector		.039		.019
M Vector		.030	.002	.012

Variable	Coordinates		
	X	Y	Z
R Wave			
T Wave			.041
T Duration			
T/R Wave			
J Junction			.007
40 msec Slope		.022	

Other Variables

<u>Variable</u>	<u>Probability</u>
T Duration	.049
QT Duration	.029
QRS Duration	
Heart Rate	
Rot Vec X	
Rot Vec Y	
Rot Vec Z	.040
Rot Vec Theta	

^aA blank signifies that the means are not different at the .05 level.

Max = maximum

Rot Vec = Rotation Vector

TABLE 4. PREACCELERATION (ORDER) MEANS AND TESTS AGAINST CONTROL

Variable	Exposures			Exposures		
	1	2	3	1	2	3
	<u>Frontal Plane</u>			<u>Sagittal Plane</u>		
Max T Vector	.296	.313	.369	.310	.361	.420
T/QRS Vector	.1841	.2001	.2089	.2617	.3031	.2986
True QRS Angle	45.7	43.4	46.9	127.9	129.4	125.6
Max QRS Angle	42.0	44.4	45.7	128.7	117.3	118.1
Max T Angle	40.0	48.1	41.3	30.4	37.6	32.1
QRS-T Angle	-2.0	3.7	-4.4	-98.3	-79.7	-86.0
Max QRS Vector	1.649	1.711	1.859	1.326	1.410	1.503
J Vector	.033	.037	.037	.050	.061	.074 ^a
M Vector	.046	.043	.047	.093	.113	.120 ^a
	<u>Transverse Plane</u>			<u>Eigenplane</u>		
Max T Vector	.356	.380	.461 ^a	.391	.429	.511
T/QRS Vector	.2681	.2946	.3223	.2304	.2611	.2716
True QRS Angle	-37.9	-37.3	-37.6	90.0	90.0	90.0
Max QRS Angle	-26.6	-26.6	-40.4	79.6	80.3	81.0
Max T Angle	50.3	58.6	52.1	15.7	16.1	17.3
QRS-T Angle	76.9	85.4	92.6	-63.9	-64.1	-63.7
Max QRS Vector	1.347	1.419	1.496	1.767	1.860	1.984
J Vector	.047	.060	.067	.046	.059	.073 ^b
M Vector	.090	.107 ^a	.117 ^b	.097	.113	.124 ^b
	<u>X Lead</u>			<u>Y Lead</u>		
R Wave	1.190	1.236	1.266	1.136	1.216	1.314
T Wave	.233	.221	.274	.174	.210	.230
T/P Wave	.1934	.1899	.2149	.1689	.1973	.1950
J Junction	.006	-.009	.014	.020	.009	.027
40 msec Slope	.417	.420	.296	-.029	.491 ^b	.130
	<u>Z Lead</u>					
R Wave	.340	.336	.400			
T Wave	.263	.301	.354 ^a			
T/R Wave	.9754	1.1551	1.0829			
J Junction	.039	.054	.064 ^b			
40 msec Slope	1.136	1.230	1.219			

Variable	Exposures		
	1	2	3
	<u>Other Variables</u>		
T Duration	266.79	287.86 ^a	270.36
QT Duration	355.71	381.43 ^a	362.14
QRS Duration	88.93	93.57	91.79
Heart Rate	78.97	75.13	74.67
Rot Vec X	-.101	-.390	-.261
Rot Vec Y	.614	.411	.540
Rot Vec Z	.511	.603 ^a	.550
Rot Vec Theta	119.4	125.9	122.1

^aMean differs from the (order) mean at the .05 level.^bMean differs from the (order) mean at the .01 level.

Max = maximum

Rot Vec = Rotation Vector

TABLE 5. PROBABILITIES FROM THE ANALYSES OF DURING +G_z DATA

<u>Exposures</u>							
Variable	Time	G-Level	G-Level by time	Time	G-Level	G-Level by time	
<u>Frontal Plane</u>				<u>Sagittal Plane</u>			
Max T Vector	<.001		.001	<.001		<.001	
Max QRS Vector	.002		<.001				
T/QRS Vector	.014		.002	.004		.030	
J Vector		.038	.038				
M Vector	<.001		<.001	<.001		<.001	
True QRS Angle				<.001			
Max QRS Angle			.029				
Max T Angle				.041			
QRS-T Angle				.013			
<u>Transverse Plane</u>				<u>Eigenplane</u>			
Max T Vector	<.001		<.001	<.001		<.001	
Max QRS Vector							
T/QRS Vector	<.001		.009	.004		.010	
J Vector							
M Vector	<.001		<.001	<.001		<.001	
True QRS Angle	<.001	.004	<.001				
Max QRS Angle				.044			
Max T Angle				.017			
QRS-T Angle			.042				
<u>X Lead</u>				<u>Y Lead</u>			
R Wave	.001		<.001	.007			
T Wave	.004		.009	.002			
T/P Wave							
J Junction		.021		.012	.002	.003	
40 msec Slope		.002					
<u>Z Lead</u>							
R Wave	<.001		<.001				
T Wave	.001		.021				
T/R Wave	<.001	.024	.011				
J Junction							
40 msec Slope							

<u>Exposures</u>			
Variable	Time	G-Level	G-Level by time
<u>Other Variables</u>			
T Duration	<.001	.014	<.001
QRS Duration			
Q-T Duration	<.001	.024	<.001
Heart Rate	<.001	<.001	<.001
Rot Vec X			
Rot Vec Y			
Rot Vec Z			
Rot Vec Theta			

Max = maximum
 Rot Vec = Rotation Vector

TABLE 6. VECTOR AMPLITUDE MEANS (mV) TESTS AGAINST BEFORE +G_Z

Time	+3G _Z	+5G _Z	+7G _Z		Time	+3G _Z	+5G _Z	+7G _Z
------	------------------	------------------	------------------	--	------	------------------	------------------	------------------

A. Frontal Plane

Max T Vector				Max QRS Vector			
Before	.352	.319	.292	Before	1.752	1.697	1.709
Early	.211 ^b	.180 ^b	.386 ^a	Early	1.754	1.610	1.459 ^b
Late	.264 ^a	.214 ^a	.347	Late	1.784	1.544 ^b	1.385 ^b
1 Min Post	.370	.457 ^b	.556 ^b	1 Min Post	1.777	1.704	1.675
5 Min Post	.336	.337	.329	5 Min Post	1.809	1.797	1.826 ^a
15 Min Post	.356	.336	.302	15 Min Post	1.820	1.791	1.801
T/QRS Vector				J Vector			
Before	.2164	.1957	.1756	Before	.035	.036	.026
Early	.1330 ^a	.1116 ^a	.3624 ^b	Early	.035	.068	.051
Late	.1750	.1493	.2713 ^a	Late	.044	.099 ^b	.148 ^b
1 Min Post	.2259	.2787 ^a	.3445 ^b	1 Min Post	.035	.061	.098 ^b
5 Min Post	.2042	.1980	.1882	5 Min Post	.050	.086 ^a	.032
15 Min Post	.2084	.1942	.1736	15 Min Post	.050	.048	.043
M Vector							
Before	.045	.044	.039				
Early	.029	.080 ^b	.084 ^b				
Late	.044	.100 ^b	.117 ^b				
1 Min Post	.041	.050	.066 ^a				
5 Min Post	.046	.025	.032				
15 Min Post	.052	.046	.047				

B. Sagittal Plane

Max T Vector				Max QRS Vector			
Before	.359	.394	.334	Before	1.356	1.449	1.426
Early	.226 ^b	.252 ^b	.450 ^b	Early	1.307	1.484	1.377 ^b
Late	.291	.355	.384	Late	1.306	1.409	1.530
1 Min Post	.376	.538 ^b	.591 ^b	1 Min Post	1.360	1.446	1.437
5 Min Post	.349	.384	.335	5 Min Post	1.395	2.305	1.522
15 Min Post	.372	.374	.327	15 Min Post	1.441	1.650	1.423
T/QRS Vector				J Vector			
Before	.2967	.2945	.2597	Before	.056	.065	.050
Early	.1902	.1637 ^a	.4448 ^b	Early	.051	.061	.052
Late	.2566	.2648	.2806	Late	.069	.101	.153
1 Min Post	.3026	.3912 ^a	.4543 ^b	1 Min Post	.045	.071	.092
5 Min Post	.2769	.2052	.2467	5 Min Post	.060	.107	.039
15 Min Post	.2824	.2520	.2412	15 Min Post	.069	.073	.048
M Vector							
Before	.105	.111	.095				
Early	.085	.085 ^a	.127 ^b				
Late	.101	.138 ^a	.165 ^b				
1 Min Post	.094	.105	.112				
5 Min Post	.100	.076 ^b	.077				
15 Min Post	.110	.100	.083				

^aDiffers from the Before G mean at the .05 level.^bDiffers from the Before G mean at the .01 level.

Max = maximum

TABLE 6 (CONT'D.)

Time	+3G _z	+5G _z	+7G _z		Time	+3G _z	+5G _z	+7G _z
------	------------------	------------------	------------------	--	------	------------------	------------------	------------------

C. Transverse Plane

Max T Vector				Max QRS Vector			
Before	.399	.415	.366	Before	1.387	1.290	1.415
Early	.265 ^b	.256 ^b	.396	Early	1.414	1.279	1.328
Late	.321 ^a	.343	.364	Late	1.467	1.324	1.526
1 Min Post	.394	.545 ^b	.621 ^b	1 Min Post	1.400	1.325	1.481
5 Min Post	.374	.400	.364	5 Min Post	1.391	2.115	1.481
15 Min Post	.416	.387	.368	15 Min Post	1.396	1.525	1.344
T/QRS Vector				J Vector			
Before	.3177	.3272	.2707	Before	.056	.059	.046
Early	.2074 ^b	.1996 ^b	.3607 ^a	Early	.050	.049	.063
Late	.2571	.2555	.2615	Late	.062	.066	.088
1 Min Post	.3146	.3983	.4364 ^b	1 Min Post	.045	.060	.060
5 Min Post	.3025	.2351 ^a	.2576	5 Min Post	.052	.104	.031
15 Min Post	.3245	.2820	.2820	15 Min Post	.060	.074	.045
M Vector							
Before	.099	.105	.096				
Early	.081	.062 ^b	.120 ^a				
Late	.095	.099 ^a	.135 ^b				
1 Min Post	.085	.101	.104				
5 Min Post	.092	.072 ^b	.074 ^a				
15 Min Post	.104	.098	.085				

D. Eigenplane

Max T Vector				Max QRS Vector			
Before	.451	.462	.402	Before	1.847	1.805	1.855
Early	.277 ^b	.269 ^b	.494	Early	1.834	1.750	1.654
Late	.349 ^a	.379	.433	Late	1.867	1.700	1.785
1 Min Post	.465	.632 ^b	.722 ^b	1 Min Post	1.861	1.796	1.848
5 Min Post	.429	.459	.415	5 Min Post	1.884	2.617	1.970
15 Min Post	.465	.445	.400	15 Min Post	1.905	2.038	1.864
T/QRS Vector				J Vector			
Before	.2655	.2687	.2267	Before	.054	.064	.046
Early	.1685	.1483 ^a	.4380 ^b	Early	.057	.072	.060
Late	.2225	.2287	.2780	Late	.067	.106	.163
1 Min Post	.2727	.3605 ^a	.4103 ^b	1 Min Post	.046	.076	.100
5 Min Post	.2526	.1999	.2211	5 Min Post	.062	.119	.042
15 Min Post	.2645	.2332	.2197	15 Min Post	.070	.079	.048
M Vector							
Before	.106	.114	.099				
Early	.085	.092 ^a	.136 ^b				
Late	.104	.141 ^a	.182 ^b				
1 Min Post	.094	.110	.115				
5 Min Post	.100	.076 ^b	.080				
15 Min Post	.112	.105	.089				

^aDiffers from the Before G mean at the .05 level.^bDiffers from the Before G mean at the .01 level.

Max = maximum

TABLE 7. VECTOR ANGLE (DEGREES) MEANS AND TESTS AGAINST BEFORE +G_z

Time	+3G _z	+5G _z	+7G _z		Time	+3G _z	+5G _z	+7G _z
<u>A. Frontal Plane</u>								
True QRS Angle					Max QRS Angle			
Before	46.1	50.6	48.8		Before	44.9	49.3	44.0
Early	44.9	56.4	66.8		Early	44.0	51.0	49.0 ^b
Late	44.4	41.0	43.5		Late	42.8	46.2	49.9 ^b
1 Min Post	46.5	46.6	52.9		1 Min Post	45.6	46.8	44.8
5 Min Post	48.9	49.9	49.3		5 Min Post	46.6	48.5	46.0
15 Min Post	49.9	50.1	52.0		15 Min Post	47.5	47.7	45.6
Max T Angle					QRS-T Angle			
Before	41.8	44.0	44.3		Before	-3.1	-5.3	.3
Early	31.5	50.4	13.4		Early	-12.5	-.6	-35.6
Late	34.1	16.2	14.1		Late	-8.6	-30.0	-35.8
1 Min Post	44.1	45.0	41.9		1 Min Post	-1.5	-1.8	-2.9
5 Min Post	44.1	46.6	46.1		5 Min Post	-2.5	-1.9	.1
15 Min Post	44.3	50.1	34.0		15 Min Post	-3.3	2.4	-11.7
<u>B. Sagittal Plane</u>								
True QRS Angle					Max QRS Angle			
Before	122.0	122.9	127.4		Before	110.8	110.1	126.0
Early	122.7	134.6	150.8		Early	109.9	136.9	106.8
Late	121.7	123.6	95.6		Late	111.1	137.0	142.1
1 Min Post	120.4	134.1	143.0		1 Min Post	108.5	78.3	122.8
5 Min Post	116.5	128.7	129.5		5 Min Post	107.0	88.4	116.9
15 Min Post	114.4	121.8	118.4		15 Min Post	106.5	112.4	110.4
Max T Angle					QRS-T Angle			
Before	34.91	30.4	34.1		Before	-75.9	-79.8	-91.9
Early	3.4	5.7	31.1		Early	-106.5	-131.2	-75.7
Late	13.4	-11.5	-.5		Late	-97.8	-148.5	-142.7
1 Min Post	38.3	34.3	39.0		1 Min Post	-70.3	-44.0	-83.7
5 Min Post	35.9	35.4	36.0		5 Min Post	-71.1	-53.0	-80.9
15 Min Post	32.8	39.7	26.7		15 Min Post	-73.8	-72.7	-83.7

^aDiffers from the Before G mean at the .05 level.

^bDiffers from the Before G mean at the .01 level.

Max = maximum

TABLE 7 (Cont'd.)

Time	+3G _z	+5G _z	+7G _z		Time	+3G _z	+5G _z	+7G _z
------	------------------	------------------	------------------	--	------	------------------	------------------	------------------

C. Transverse Plane

True QRS Angle				Max QRS Angle			
Before	-31.6	-37.8	-38.9	Before	-33.9	-37.9	-38.9
Early	-36.0	-53.2 ^b	-70.8 ^b	Early	-32.9	-37.4	-70.7
Late	-29.1	-54.6 ^b	-75.0 ^b	Late	-32.4	-52.2	-64.1
1 Min Post	-29.9	-45.3	-57.6 ^b	1 Min Post	-33.4	-37.8	-57.7
5 Min Post	-27.8	-43.8	-44.3	5 Min Post	-33.3	-45.6	-37.6
15 Min Post	-28.0	-35.7	-29.9 ^a	15 Min Post	-33.8	-37.6	-33.5
Max T Angle				QRS-T Angle			
Before	47.8	56.5	57.8	Before	81.6	94.4	96.6
Early	41.0	59.2	91.0	Early	73.9	96.6	161.7 ^b
Late	48.4	47.7	32.3	Late	80.8	99.9	96.5
1 Min Post	48.5	54.0	53.8	1 Min Post	81.9	91.8	115.5
5 Min Post	49.8	53.1	54.3	5 Min Post	83.0	98.8	91.9
15 Min Post	52.0	57.9	51.0	15 Min Post	85.8	95.6	84.4

D. Eigenplane

Max QRS Angle				Max T Angle			
Before	80.6	78.5	78.0	Before	24.0	14.4	15.6
Early	77.4	71.8	60.4	Early	14.3	-5.7	-26.0
Late	79.0	71.2	84.7	Late	15.1	-3.5	14.2
1 Min Post	79.8	72.5	64.9	1 Min Post	26.4	10.3	2.5
5 Min Post	81.5	80.4	74.5	5 Min Post	26.9	-5.9	12.8
15 Min Post	83.4	83.4	80.3	15 Min Post	24.9	16.6	22.2
QRS-T Angle							
Before	-56.8	-64.1	-62.4				
Early	-63.1	-77.5	-86.4				
Late	-63.9	-74.7	-70.5				
1 Min Post	-53.4	-62.2	-62.4				
5 Min Post	-54.6	-86.3	-61.8				
15 Min Post	-58.5	-66.8	-58.0				

^aDiffers from the Before G mean at the .05 level.^bDiffers from the Before G mean at the .01 level.

Max = maximum

TABLE 8. THE MEANS OF SCALAR LEADS AND TESTS AGAINST BEFORE +G_Z

Time	+3G _Z	+5G _Z	+7G _Z		Time	+3G _Z	+5G _Z	+7G _Z
A. X Lead								
R Wave					T Wave			
Before	1.230	1.090	1.184		Before	.269	.227	.216
Early	1.272	.966 ^a	.948 ^b		Early	.174 ^a	.097 ^b	.111 ^b
Late	1.331	1.025	.938 ^b		Late	.204	.130 ^b	.159
1 Min Post	1.252	1.133	1.170		1 Min Post	.262	.309 ^a	.410 ^a
5 Min Post	1.244	1.162	1.246		5 Min Post	.247	.236	.219
15 Min Post	1.236	1.177	1.218		15 Min Post	.269	.228	.239
T/P Wave					J Junction			
Before	.2502	.2030	.1969		Before	.004	.009	-.002
Early	.1590	.0973	.1947		Early	.006	-.040	-.035
Late	.1960	.1377	.1900		Late	.006	-.035	-.053
1 Min Post	.2446	.2711	.3680		1 Min Post	.011	-.028	-.049
5 Min Post	.2290	.2001	.1871		5 Min Post	.019	-.046	-.012
15 Min Post	.2376	.1916	.2019		15 Min Post	.017	.013	.021
40 msec Slope								
Before	.284	.352	.524					
Early	.144	.524	1.227					
Late	.105	.786	1.469					
1 Min Post	.169	.545	1.160					
5 Min Post	.104	1.230	.372					
15 Min Post	.232	.383	.395					
B. Y Lead								
R Wave					T Wave			
Before	1.217	1.301	1.197		Before	.220	.216	.179
Early	1.191	1.258	1.122		Early	.104	.070	.222
Late	1.179	1.117	1.030		Late	.131	.037	.125
1 Min Post	1.236	1.272	1.165		1 Min Post	.246	.317	.381
5 Min Post	1.276	1.375	1.314		5 Min Post	.221	.235	.222
15 Min Post ^a	1.321	1.343	1.292		15 Min Post	.220	.242	.190
T/R Wave					J Junction			
Before	.2021	.1806	.1651		Before	.024	.008	.019
Early	.1045	.0759	.2676		Early	.007	-.050 ^b	-.013
Late	.1442	.0778	.1405		Late	.005	-.069 ^b	-.135 ^b
1 Min Post	.2211	.2710	.3611		1 Min Post	.021	-.041 ^a	-.069 ^b
5 Min Post	.1930	.1894	.1916		5 Min Post	.032	-.040 ^a	-.010
15 Min Post	.1815	.1883	.1599		15 Min Post	.035	.027	.044

^aDiffers from the Before G mean at the .05 level.^bDiffers from the Before G mean at the .01 level.

Max = maximum

TABLE 8: B. THE Y LEAD (CONT'D.)

Time	+3G _Z	+5G _Z	+7G _Z
40 msec Slope			
Before	.230	.192	.175
Early	-.171	.169	.124
Late	-.025	.175	1.653
1 Min Post	.217	.673	1.209
5 Min Post	-.011	.955	.030
15 Min Post	-.007	.343	-.462

C. Z Lead

				Time	+3G _Z	+5G _Z	+7G _Z
P Wave				T Wave			
Before	.392	.422	.389	Before	.289	.337	.287
Early	.370	.312 ^b	.147 ^b	Early	.182 ^a	.213 ^b	.364
Late	.381	.302 ^b	.194 ^b	Late	.249	.293	.260
1 Min Post	.371	.415	.363	1 Min Post	.290	.440 ^a	.459 ^b
5 Min Post	.387	.417	.402	5 Min Post	.277	.202 ^b	.270
15 Min Post	.450 ^a	.412	.459 ^a	15 Min Post	.305	.278	.280
I/P Wave				J Junction			
Before	.9752	.9861	1.0145	Before	.047	.054	.045
Early	.7242	.9252	1.6528 ^b	Early	.039	.008	.028
Late	.9164	1.5205 ^b	1.5124 ^b	Late	.054	.034	.027
1 Min Post	.9210	1.3405 ^a	1.6546 ^b	1 Min Post	.036	.044	.037
5 Min Post	.8999	.7706	.8917	5 Min Post	.040	.040	.024
15 Min Post	.8082	.8704	.7669	15 Min Post	.050	.039	.038
40 msec Slope							
Before	1.186	1.162	1.164				
Early	.985	.927	1.529				
Late	.940	1.190	1.657				
1 Min Post	1.166	1.240	1.421				
5 Min Post	1.239	2.752	1.125				
15 Min Post	1.247	1.314	1.012				

^adiffers from the Before G mean at the .05 level.

^bdiffers from the Before G mean at the .01 level.

Max = maximum

TABLE 9. DURATIONS AND HEART RATES DURING $+G_z$

Time	T Duration			QPS Duration			Q-T Duration			Heart Rate		
	+3G _z	+5G _z	+7G _z	+3G _z	+5G _z	+7G _z	+3G _z	+5G _z	+7G _z	+3G _z	+5G _z	+7G _z
Before	288	273	281	91	93	90	379	366	371	68	77	80
Early	303	242 ^a	223 ^b	90	96	90	393	338 ^a	313 ^b	92 ^b	141 ^b	161 ^b
Late	302	211 ^b	185 ^b	88	93	93	390	304 ^b	278 ^b	83 ^b	140 ^b	170 ^b
1 Min Post	291	251	236 ^b	89	94	95	380	345	331 ^b	66	69	83
5 Min Post	298	299 ^a	292	89	83	94	388	382	387	65	68	76
15 Min Post	297	309 ^b	278	92	87	89	388	396 ^a	367	65	75	78

Means are presented in milliseconds for the durations, and in beats per min for the heart rates.

^aDiffers from the Before G mean at the .05 level.

^bDiffers from the Before G mean at the .01 level.

TABLE 10. THE MEANS OF ROTATION VECTORS

Time	+3G _Z	+5G _Z	+7G _Z	Time	+3G _Z	+5G _Z	+7G _Z
Vector X				Vector Y			
Before	-.429	-.340	-.194	Before	.397	.484	.531
Early	-.179	-.312	-.082	Early	.564	.566	.706
Late	-.169	-.249	-.209	Late	.567	.581	.431
1 Min Post	-.294	-.475	-.488	1 Min Post	.487	.358	.273
5 Min Post	-.425	-.330	-.437	5 Min Post	.435	.387	.342
15 Min Post	-.179	-.517	-.056	15 Min Post	.601	.313	.677
Vector Z				Vector Theta			
Before	.571	.552	.546	Before	129.4	126.0	125.7
Early	.519	.495	.571	Early	127.0	122.1	132.8
Late	.524	.525	.512	Late	127.1	121.7	126.3
1 Min Post	.549	.571	.575	1 Min Post	126.5	125.2	128.6
5 Min Post	.551	.429	.565	5 Min Post	130.5	117.9	131.2
15 Min Post	.509	.549	.471	15 Min Post	124.7	125.9	125.5

DATE
ILME